

# MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

No. 25.]

PHILADELPHIA, SATURDAY, JUNE 22, 1839.

[Vol. II.

Report made in the name of the Committee on Mineral Waters for 1837. By M. PH. PATISSIER.

(Continued from page 376.)

## CHAP. III.—On the Chronic Diseases which are oftenest met with at Watering Places.

We divide chronic diseases, 1st, into those which attack the organs of the head, the chest, and the abdomen; 2d, into those which may be developed in all parts of the body; and, 3d, into surgical diseases. Although this classification is not beyond the reach of a just criticism, we have adopted it because we think it the best adapted to our subject.

Section I. Of Chronic Diseases of the Head.—Mineral waters are rarely used in chronic affections of the brain; it is in this organ that the excitement produced by mineral waters may become dangerous, if the limits are passed within which it ought to be kept to produce favourable effects. Nevertheless, the springs of Bourbonne, of Balaruc, and of Bourbon-l'Archambault, have been for ages past recommended, particularly for paralyzes succeeding apoplexy; but they should only be had recourse to when there exists no

active congestion towards the brain, and when the patient is rather of a lymphatic than a sanguine temperament. The water ought then to be administered in half-baths of the temperature of the air, in douches upon the paralyzed limbs, and internally, in moderate doses. This treatment, it is true, diminishes the paralysis but slowly, but it prevents the congestions of blood towards the head, which formerly took place frequently at Balaruc, where paralytic patients were plunged for eight successive days in a hot bath.\*

When the paralysis is consecutive on a lesion of the spinal marrow, the mineral treatment may be prescribed with more safety and success, without doubt because the circulation of the spinal apparatus is more difficult than that of the brain, and because the organization of the spinal marrow supports better the employment of stimulants. We run a risk, however, of aggravating the state of the patient, if, in paraplegias consequent upon blows or falls upon the posterior part of the trunk, we give douches along the spine; for the percussion of the liquid may reproduce inflammation of the spinal marrow.

STATISTICAL TABLE.

NAMES OF DISEASES.	Name of establishment.	Number of each disease.	Number of diseases cured.	Number of diseases relieved.	Number of diseases treated without success.	Number of diseases cured or relieved after leaving watering place.
Cerebral hemiplegias, { Right side, 40. Left side, 30.	Balaruc.	73	5	40	28	7
Paraplegias myelites.	Id.	19	2	7	10	2
Cerebral hemiplegias.	Bourbonne.	41	4	25	12	0
Paraplegias.	Id.	35	5	27	3	0
Cerebral hemiplegias.	Bourbon-l'Archambault.	290†	20	235	35	0
Paraplegias.	Id.	210‡	68	112	30	0
Cerebral hemiplegias.	Rennes, (Aude.)	33	0	3	30	0

M. Faye, the inspecting physician of the springs of Bourbon-l'Archambault, speaks in high terms of the good effects of the cold waters of the chalybeate spring of Jonas, when used in lotions, and especially in douches for incomplete paralysis of the optic nerve. He administers the douche by means of a funnel fixed at a greater or less height in a plank pierced to receive it, the small orifice of which being filled with a sponge, imbibes the water placed above it, and lets it fall, drop by drop, during from five to twenty minutes, upon the middle of the closed eye; this produces a slight excitement, and forces the pupil to contract. M. Faye assures us, that out of two hundred and fifty patients with incomplete amaurosis, whom he attended from 1824 to 1833,

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forty-four were cured, one hundred and fifty-nine partially relieved, and forty-seven treated without success.

Neuralgias.—Douches upon the head, alternately warm and cold, have succeeded several times with M. de Montluc, physician at Neris, for neuralgias of the head, tic dolooureux, and rheumatism of the scalp. It is in the treatment of these complaints, that the inspecting physician of Dieppe takes so much credit to himself for the use of sea-baths associated with cold affusions.

\* Perhaps these accidents ought to be attributed as much to the heat of the climate as to the heat of the baths.

† From 1824 to 1833.

‡ Id.



*Nervous affections.*—No one is ignorant how seldom it is that nervous affections, such as hypochondria, hysteria, catalepsy, chorea, head-ach, those of the stomach and intestines, &c., yield to pharmaceutical agents; mineral waters are often the only efficacious remedy, the only consolation which remains for these diseases: they unite all the conditions favourable for their cure, that is to say, change of air, of habits, and of the manner of living, removal from business, and from all causes of care, and, finally, the charms of a new society. The mild and moderately warm waters of Saint-Sauvern, of Ussat, of Salut at Bagnères de Bigorre, of Bains, of Neris, &c., are useful auxiliaries in treatment both of a moral and hygienic nature; they should be used more externally than internally, and the baths should be tepid, or but slightly cold, and prolonged. The calming power of these waters is so generally appreciated, that the great majority of persons who go to these places is com-

posed of women, in whom, as we know, most diseases are developed under the influence of the nervous system. Those patients who have sufficient strength to enable them to react against the shock of the cold water, find sea-baths, of short duration, beneficial; but it must not be forgotten, in the treatment of nervous affections, that they are rarely idiopathic, and that it is necessary always to seek out the causes of them. Thus, for example, if the nervous symptoms follow upon the suppression or irregularity of a menstrual or hæmorrhoidal flux, or upon the repercussion of a habitual perspiration, or of an exanthema, resort must be had to warm baths, to douches, and to steam baths. When nervous diseases have lasted for some time, they are almost always accompanied (especially hypochondria) with disorder of the lower abdominal viscera; for this complication, the waters of Plombières, the acidulated waters, and the waters of Vichy, should be prescribed.

STATISTICAL TABLE.

NAMES OF DISEASES.	Name of establishment.	Number of each disease.	Number cured.	Number relieved.	Number treated without success.	Number cured or relieved after leaving the watering place.
Sciatica.	Neris.	11	2	5	4	6
Neuralgia proper.	Id.	23	2	17	4	6
Tremours.	Id.	1	0	0	1	0
Hypochondria.	Id.	4	2	2	0	1
Catalepsy.	Id.	1	0	1	0	0
Neuralgias of different kinds.	Bains.	14	6	4	4	0
Undefined nervous affections.	Id.	5	0	3	2	1
Sciatica.	Mont d'Or.	7	4	0	3	0
Hemicrania.	Id.	3	1	2	0	0
Trifacial neuralgia.	Id.	4	1	0	3	0
St. Vitus' dance.	Id.	2	0	1	1	0
Neuralgia of genital organs.	Id.	8	2	4	2	0
Sciatica, (tic doloieux.)	Bagnères-Luchon.	45	17	13	15	2
Facial neuralgia.	Rennes, (Aude.)	20	2	6	12	4
St. Vitus' dance.	Balaruc.	6	0	2	4	0
Sciatica.	Greoulx.	17	0	11	6	5

Section 2. *On Chronic Diseases of the Chest.*—Some mineral springs, such as those of Mont d'Or, of Raillère at Caunterets, of Bonnes, of Manjolet at Arles, of Labassere at Bagnères de Bigorre, have borne a high reputation for the cure of old pulmonary catarrhs, pneumonia, pleurisy in the chronic stage, passive hæmoptysis, of pulmonary phthisis, and commencing laryngitis, as well as of humid asthma; but the rumour of the cures which they have effected often attract to them patients whose cases they do not suit. These waters are salutary in the affections above mentioned, only when they are unaccompanied by dry cough, heat and dryness of skin, and small and frequent pulse, and when there does not exist a too great nervous sensibility; in a word, when the signs of feebleness and relaxation of the animal fibre, prevail over those of irritation. They act, then, by producing a revulsion to the skin, by bringing back the cutaneous

secretion to its normal state, by directing the fluids from the centre to the circumference, and by facilitating the expectoration. The relief and cure of diseases are the more certain as the development of the disease is dependent upon the retrocession of some morbid principle, and according as a crisis becomes manifest during or after the treatment in the sweat and stools, as the suppressed flux re-establishes itself, and as exanthemata and boils appear upon the skin. This remark is one of considerable importance, inasmuch as it is necessary in all grave and old affections of the lungs to suspend, or give up entirely, the mineral treatment, if a sudden and notable amendment takes place without the previous occurrence of any critical phenomena; "for," says M. Bertrand, "this momentary and treacherous calm is constantly followed by a redoubled intensity in the pulmonary affection." It is only in phthisis in the first degree, and in a predisposition to this



malady, that mineral waters are really useful; they are in these cases much to be preferred to soothing drinks, pectoral syrups, and milk diet.\* But if the hæmoptysis is acute, if there is fever, emaciation, and diarrhœa, and if auscultation discovers cavities in the lungs, mineral waters hasten the death of the patient.

The employment of mineral waters is likewise injurious when asthma co-exists with an organic alteration of the heart and large arteries. It is beneficial, on the contrary, in humid asthma succeeding to chronic pulmonary catarrh, or to the metastasis of a rheumatismal or gouty affection. Many asthmatic persons come annually to Mont d'Or, and some are cured, and the greater number notably relieved. There are very few whose attacks do not cease a few minutes after having entered the vapour baths of the thermal establishment. It is in the treatment of this affection that M. Bertrand insists so much upon the patient's passing several hours, whenever the weather permits, in the fir forests hard by the springs of Mont d'Or.

The temperature of the air is also a powerful adjuvant to the medicinal virtues of these waters. In the year 1836, the mean temperature during the months of July and August having been 17° cent., (62 $\frac{3}{5}$  Fah.) M. Bertrand saw several persons with complete aphony cured before their departure from the watering place; the same observation was made with regard to pulmonary, uterine, and auricular catarrhs, chronic rheumatisms, &c.

In the actual state of our knowledge concerning mineral waters, it is difficult to determine in what cases of chronic pulmonary diseases sulphur springs ought to be preferred to those of Mont d'Or. Experience has only taught us that none of these waters ought to be prescribed whenever there exists a too great activity in the functions of the vascular and nervous systems. The waters of Ems, (duchy of Nassau,) which are mild and little exciting, are in such cases better adapted to the state of the patient.

\* The waters of Canterets, Bonnes, Bagnères de Luchon, and those of Mont d'Or, are also salutary in cases of horses labouring under diseases of the chest. Five horses which coughed violently, were very much emaciated, had the thumps, and were put out of breath by walking a short distance, were brought in 1836 and 1837 to Mount d'Or; they drank from fifteen to twenty litres (4 to 5.2 gallons) of the water every morning for a month; four got completely well, but the fifth died.

We have already said that on account of their exciting effects, none of the mineral waters should be used in the treatment of organic lesions of the circulatory apparatus. We know how pernicious the waters of Pyrénées were to General Foy, when attacked with aneurism of the heart. The palpitations which almost constantly accompany chlorosis, are dissipated by the use of mineral waters, particularly of chalybeates. Those which are the result of a rheumatismal retrocession upon the heart, yield sometimes to baths and douches,—but this treatment requires much prudence and discernment.

Your committee regrets not having received the reports upon the waters of Bonnes and Canterets—it being desirable to compare their therapeutical results with those of the waters of Mont d'Or. We will here remark, however, that it is erroneously, though according with the opinion of Borden, that the waters of Bonnes are considered as being mild and little exciting, so that from three to four pints may be drunk during the day, either before breakfast, or before dining, and after this meal. It is certain that, drank in such quantities, they would be promptly fatal to more than three-fourths of the patients who came to be cured by them; that is to say, to those who are affected with chronic diseases of the chest. In these diseases the modifications impressed upon the respiratory organs by the mineral water is the more advantageous as it is developed gradually, and as the stimulation is maintained within just limits. Only a half glass, then, of the waters of Bonnes should be drunk at first; this should be increased gradually to three or four glasses, drank pure, or dashed with milk, or oatmeal gruel. The same remark is applicable to all mineral waters which are very exciting, particularly to those of Canterets, of Barèges, of Bagnères de Luchon, of Enghien, of Mont d'Or, &c. Many practising physicians, forgetting the energy of these waters, advise patients whom they send to them to drink every morning at first four glasses, and to increase the quantity by degrees to two litres, (4.2 pints.) This dose, which can be supported but by a small number of the drinkers, produces various symptoms which the inspector is obliged to combat, and which are as prejudicial to the health of the patient as to the reputation of the waters.

The following is a statistical table of the chronic diseases of the chest, treated at Mont d'Or in the year 1837:

NAMES OF DISEASES.	Number of each disease.	Number of patients cured.	Number of patients relieved.	Number of patients treated without success.	Number of patients cured or relieved after their departure from the watering place.
Chronic pulmonary catarrh, complicated.	22	4	11	7	5
Chronic pneumonia.	9	1	5	3	3
Passive pneumorrhagia.	17	2	8	7	4
Pulmonary phthisis, at different stages.	44	0	25	19	8
Asthma.	15	2	5	8	5
Chronic pharyngo-laryngitis.	18	4	10	4	3
Aphony.	9	4	2	3	2
Nervous palpitations.	3	1	0	2	0



**Section 3. On Chronic Diseases of the Abdomen.**—We have seen that mineral waters are rarely suited for the treatment of chronic diseases of the head, and that they succeed sometimes in that of diseases of the chest; they are, on the contrary, of considerable efficacy in chronic affections of the abdominal viscera; thus we meet at watering places a great number of these diseases.

**Lesions of the Digestive Canal.**—Nothing is more common at watering places than diseases known under the names of gastritis, chronic enteritis, gastralgia, dyspepsia, flatulence, pyrosis, colics, diarrhœa, &c. These lesions owe their origin to different causes; if they are due to a scirrhus or cancerous degeneration of one of the digestive organs, all mineral treatment is injurious. If they succeed to a phlegmasia, or if they are of a nervous character, change of air, light diet, and especially the internal use of the waters of Plombières, Neris, and Luxeuil, or of acidulated waters, (Porges, Contrexville, Chateldon, Bussang, &c.) have the advantage of modifying the mucous membrane of the stomach without irritating it; if there exists atony of the digestive canal, recourse should be had to the waters of Vichy, to ferruginous and sulphur waters. When the difficulty of digestion is attributable to a bilious or mucous condition of the gastro-intestinal canal, the laxative waters of Niederbronn, of Balaruc, and Lasserre, at Bagnères de Bigorre, should be prescribed. In all cases it is necessary to insist upon the use of mineral baths, which, by producing an excitement and exanthemata upon the skin, effect a revulsion, and direct the blood from the centre to the circumference.\* This revulsion is particularly useful, inasmuch as many of these diseases are produced by a suppression of the transpiration or a retrocession of a morbid principle. This last complication calls for the use of warm baths and vapour baths. In general, lymphatic or nervous individuals, affected with gastric irritations, find sea baths beneficial, which, by imparting activity to the peripheral circulation, provokes a salutary reaction of the skin.

**Engorgement of the Abdominal Viscera.**—When the gastro-intestinal lesions, of which we have just been speaking, are neglected, or aggravated by bad treatment, *obstructions*, commonly so called, or engorgements of the lower abdominal viscera are produced; diseases which are developed, also, under the influence of marsh miasma, and of obstinate intermittent fevers. Mineral waters may remove these engorgements when they are recent, passive, and when they are occasioned by a congestion of venous blood, or by a simple hypertrophy of the liver or spleen, with-

\* I have seen adults and children reduced to an extreme degree of emaciation by chronic diarrhœas, and so feeble, that it was found necessary to carry them to the bath, return, as it were, by magic, to a state of vigorous health, alone by the use of the baths of Plombières. (*Notice sur les eaux de Plombières, par M. Guersant, page 17.*)

erless if the viscus is affected with a tuberculous, cancerous, or fibrous degeneration. The waters of Vichy are justly the most famed for the cure of abdominal engorgements; but their use is abused; they only succeed when the patients are of constitutions but slightly irritable, and when there is no other alteration of tissue; for they are powerless if no farther traces of inflammation in the diseased viscus. The chalybeate waters of Spa, Forges, Passy, &c., are suitable, also, under like circumstances. For nervous individuals, and those in whom visceral irritation is not completely removed, the waters of Plombières, and the cold acidulated waters of Pougues, Chateldon, &c., are to be preferred,—if there exists a bilious or mucous state, the laxative waters of Balaruc, and Niederbronn, by modifying the secretions of the liver, pancreas, and kidneys, and by expelling the bilious and mucous matters from the alimentary tube, produce a very marked resolutive effect, by means of which the chronic engorgements of the abdomen diminish or disappear. The chalybeate and saline waters of Bourbon and Balaruc succeed in cases of engorgements of the liver and spleen when they are consecutive to intermittent fevers, and in these same fevers when they resist cinchona. Out of twenty-two patients with abdominal engorgements who came to Bourbonne in 1836, six were cured, fifteen relieved, and one treated without success. M. Therrin, from whom we quote these results, cites the case of an officer who was cured by the use, alone, of the waters of Bourbonne, of a quatern fever, which had resisted all febrifuges. In 1750, a military surgeon, Juvet, of the asylum of Bourbonne, published several observations, which tend to prove that the mineral waters of this place cure intermittent quatern fevers better than cinchona. Two intermittent fevers treated at Balaruc, in 1837, were cured. At Crausac, where the waters are chalybeate, out of seventeen chronic hepatites, eight were cured, six were relieved, and three treated without success; out of 52 intermittent fevers, thirty-one were cured, 12 relieved, and nine treated without success.

If the chronic hepatites or splenites are produced by the retrocession of a rheumatismal principle, or of a cutaneous affection, vapour baths are very useful. The inspecting physician of Bagnols, (Lozère,) M. Blauquet, cites the case of a clergyman, who, after the disappearance of a rheumatism of the head, had hypertrophy of the liver, with jaundice; this patient was on the point of going to Vichy, when, reflecting upon the antecedents, M. Blauquet advised him to use the bath, the douches, and the vapour baths of Bagnols, which triumphed completely over the affection. When the engorgement is of a scrofulous nature, recourse must be had to chalybeate and sulphur waters; sea baths are used successfully in atrophy of the mesentery, (tabes mesenterica.)

**Chronic Diseases of the Urinary Passages.**—Most mineral waters, either on account of the quantity and the nature of the salts which they



contain, or on account of the large quantities in which they are sometimes drank, stimulate the kidneys, and increase the secretion of urine. Almost all inspecting physicians recommend their mineral waters in cases of nephritic colics and gravel. The springs of Contrexville, Pouges, and Bussang, and generally all the cold, acidulous waters are reputed as being particularly efficacious in the removal of calculi. They, in truth, greatly increase the secretion of urine, and augment the contractile power of the bladder, and are very good for expelling gravel; but they become injurious, increase the sufferings of the patient, and provoke, sometimes, hæmaturia when the stone is too large to pass the neck of the bladder. These waters are only diuretic, that is to say, they simply give tone and energy to the urinary organs, from which results the expulsion of small stones; they do not contain enough bicarbonate of soda to disaggregate and dissolve the vesicle calculi. It is only the waters containing a large quantity of this salt, such as the waters of St. Nectaire, Vals, and especially of Vichy, that possess this dissolving property. It appears from several facts, published by M. Charles Petit, that patients, who had all the rational signs of stone in the bladder, passed, after a use of the waters of Vichy, some of the nuclei of calculi, which were manifestly corroded and worn down, and presenting successive strata perfectly distinct; others, fragments and scales of calculous matter; and that, during their treatment, these patients found their symptoms of stone in the bladder to disappear gradually, and not again appear after a lapse of several months. Most physicians grant that the waters of Vichy have a real efficacy in cases of gravel, but they doubt that they can dissolve stones of a certain volume. To put this matter beyond dispute, it is indispensable that experienced surgeons should determine, with all possible precision, the volume of the stone before the mineral treatment, in order that, after it, the diminution in volume may be obtained by a second vigorous exploration. Such experiments alone can carry conviction to the minds of all; and M. Petit has proposed the performance of them to all surgeons, who, we hope, will hasten to reply to his call. The Minister of Commerce sent to the Academy, on the 16th of October last, a letter from this honourable member of our fraternity, in which he demands the formation of a committee to verify what he has said with regard to the efficacy of the waters of Vichy for the removal of urinary calculi. A committee has been named, and is now occupied on the subject of experiments; the results of their investigations they will communicate to you in due time.

*Chronic Diseases of the Genital Organs.*—Many

mineral springs are in high repute for the cure of sterility; they do not act, then, by a specific property, but by removing the cause of this infirmity.\* Thus, when it is to be attributed to a feeble constitution, to a too abundant leucorrhœal flow, or to a want of excitability in the womb, sulphur and chalybeate† waters, and sea bathing, by strengthening the system, may render females fruitful; if, on the contrary, the sterility is due to a nervous cause, to an excess of general or local sensibility, the waters of Ussat, of St. Sauveur, Neris, Bains, Bourbon-Laury,‡ and Plombières,§ are to be preferred. But, unfortunately, the causes of sterility are too often as mysterious as those of generation.

General debility, which is the consequence of masturbation, or of the abuse of sexual pleasures, involuntary seminal discharges, chronic gonorrhœas, relaxation of the ligaments of the uterus, leucorrhœa, caused by a sedentary life, are cured or relieved by the active waters of Mont d'Or, Bagnères de Luchon, Bourbonne, and Balaruc, and especially by sea bathing. These waters easily bring about the monthly discharge, and hasten it ordinarily by a few days, which is very naturally explained by the excitement which they impress upon the circulatory system. They are also very salutary in chlorosis, in amenorrhœa, and dysmenorrhœa, accompanied by languor, bloating, spasms, &c., and in uterine hæmorrhages, due to atony of the matrix. But if the suppression of the menses, or its too abundant flow, is owing to a local plethora, or to an excess of sensibility of the uterus, recourse must be had to the mild waters of St. Sauveur, Ussat, Neris, Bains, Luxeuil, &c. These springs are the best for women, who, at the critical period, complain of different nervous symptoms, which a too strong stimulation would not fail to aggravate.

\* M. Bourdon, guide aux eaux minerales.

† It is to the visit paid by Louis XIII, and Anne of Austria, to the springs of Forges, (Seine Inferieure,) that historians attribute the disappearance of the sterility of this princess, who afterwards became pregnant with Louis XIV.

‡ Catherine de Medicis, the wife of Henry II., owed her fruitfulness to the waters of Bourbon-Laury. Her physician, Fernel, having advised the use of these waters internally, in baths, and in douches, she had, at the end of nine months, Francis II., and, afterwards, Charles IX., and Henry III., who all reigned successively. At each accouchement she gave, in gratitude, to her physician thirty thousand francs, which was a large sum at that period.

§ Corvisart sent the Empress Josephine to Plombières, but without success, for it was impossible to revive the vitality of an organ which had ceased to perform its functions.



STATISTICAL TABLE.

NAMES OF DISEASES.	Name of establishment.	Number of each disease.	Number of patients cured.	Number of patients relieved.	Number of patients treated without success.	Number of patients cured or relieved after leaving the ward.
Leucorrhœa.	Mount d'Or.	13	5	3	5	0
Atonic menorrhagia.	Id.	3	0	1	2	0
Chronic metritis.	Id.	8	3	3	2	2
Chlorosis.	Id.	8	1	2	5	0
Blenorrhagia.	Id.	6	2	3	1	2
General debility, in consequence of masturbation.	Id.	9	2	3	4	4
Amenorrhœa.	Sea-baths of Boulogne.	2	1	1	0	0
Dysmenorrhœa.	Id.	2	2	0	0	0
Leucorrhœa.	Id.	3	1	2	0	0
Displacement of uterus.	Id.	3	3	0	0	0
Dysmenorrhœa, from excitability of uterus.	Bains.	15	9	4	2	0
Atonic leucorrhœa.	Rennes, (Aude.)	92	13	40	39	13
Atonic amenorrhœa.	Id.	35	10	0	25	6
Atonic amenorrhœa.	Crausac.	11	3	6	2	0
Symptoms accompanying the critical period.	Bains.	18	0	7	11	10

[To be continued.]

*Report of Cases treated in the Philadelphia Dispensary during the month of May, 1839.*

In the North-Western District, Dr. Evans has treated eleven cases; of which ten resulted favourably, and one died. The latter, a child two years of age, attacked with measles while under treatment for an acute gastritis. The eruption was never perfectly developed, and the patient died on the 8th day; the *immediate* cause of death being, apparently, congestion of the lungs.

In the North-Middle District, Dr. Boyer has treated twenty-two cases; of these, twenty-one recovered, and one died. The latter, an infant, died of pertussis, which had been suffered to remain without medical treatment for three weeks. Besides the above, Dr. B. has prescribed for seventy patients at the Dispensary; of whom 38 were males and 32 females. Most of these cases have been discharged, either cured or temporarily relieved—a few still continue under treatment.

In the North-Eastern District, Dr. Patterson has treated thirty-two cases; of these, twenty-eight have been cured, three relieved, and one sent to the Almshouse. In addition to these, he has eleven cases still under treatment—all chronic.

In the South-Eastern District, Dr. Knight has treated twenty-six cases; of these, nineteen have been cured, one died, one discharged, and five remain under treatment. Three cases of measles occurred, terminating favourably. One, an adult of temperate habits, in whom, though considerably advanced in age, the course of the disease was not more violent than in the other two cases, of which both were children under two years of age.

In the South-Middle District, Dr. Berkeley has

treated sixteen cases; all of which have terminated favourably. One of these, a girl, (ten years of age, coloured,) had suffered from a slight catarrh for a few days; to which no attention was paid, till a remarkable change in her voice induced her parents to ask medical advice. Upon examining the throat, the fauces were found so much swollen as nearly to close the entrance into the œsophagus; while the uvula was thrown forward against the roof of the mouth, much enlarged, and sloughing at its extremity.

The girl complained of no pain whatever, and seemed to suffer only from an inability to swallow any thing but fluids. She was directed to use stimulating gargles, till there was a return of sensation in the parts, and the uvula was touched four or five times a day with a solution of nitrate of silver, (iii. gr. to the oz.) On the third day a considerable portion of the uvula was thrown off—the swelling of the fauces had been much reduced; and the sensibility of the whole surface so far restored as to render the use of stimulants no longer necessary. A mild astringent gargle was then directed, which was continued till the eighth day; when the patient was discharged, cured; no symptoms of the affection remaining, except a slight difficulty in pronouncing a few words, in which there were many consonants.

### CLINICAL LECTURE.

A LECTURE ON LEUCORRHŒA, delivered by W. HARRIS, M. D., at the Philadelphia Medical Institute.

LEUCORRHŒA, from λευκος white and ρεο "to flow," is a very common disease among females. No age is exempt from its attacks. In childhood,



in adult age, and in decrepitude, the physician is called to the treatment of this complex and obstinate disease. It prevails, however, for the most part during the menstrual period of life, *i. e.* from the fifteenth to the forty-fifth year of age.

This disease is the *menorrhagia alba* of Dr. Cullen, which he so called because he apprehended the discharge issued from the uterus, and from the same vessels as did the catamenia.

The source of the disease, however, is still a mooted point. Some distinguished authors unite with Dr. Cullen in ascribing it to the uterus; while most writers, of the present day, maintain that the disease is seated mainly in the mucous surface of the vagina. It extends, perhaps, in the worst forms of the disease, to that which lines the cavity of the neck and body of the uterus, and occasionally, I am persuaded, to the internal surface of the urethra.

The mucous surface of the vagina, like that which lines the nares, the trachea, and bronchiæ, is liable to slight irritation analogous to a coryza, and again to a more intense form of the disease, resembling the catarrh or bronchitic affections.

In mild attacks, the female experiences less inconvenience, perhaps, than she does from an ordinary cold in the head, which, after a few days, like it, disappears spontaneously; but, unfortunately, in most cases, it assumes a more aggravated and obstinate character.

In the more slight forms of the disease, and especially in the commencement, there is a bland whitish discharge, without any constitutional disturbance; but in this stage of the disease, when it is easily cured, the physician is rarely consulted. The disease, therefore, runs generally into a more aggravated form, and the discharge differs in colour and quantity under different circumstances. Sometimes the flow loses its mucous character, and becomes purulent, or mucopurulent, and of a yellow, green, or blackish colour. The quantity evacuated is sometimes very large; saturating the diaper, soiling the dress, and sometimes emitting an offensive effluvia. The constitution, after a time, begins to suffer from exhaustion, and a train of new symptoms follows in rapid succession. The digestive apparatus becomes deranged in its functions, and the process of nutrition is consequently, in some measure, interrupted. The patient complains, moreover, of head-ach, palpitation of the heart, of great nervous sensibility, of weakness in her limbs, and depression of spirits. Her tout ensemble is now sickly and attenuated, and her apprehensions induce her, at last, to lay aside her *false delicacy*, and communicate to the family physician the character of her sufferings.

#### THE CAUSES OF LEUCORRHOEA.

Among the causes of this disease, may be enumerated displacements of the uterus, polypi, pessaries, inattention to the necessary ablutions, suppression of the menses, pregnancy, difficult labours, frequent abortions, voluptuous excitements, and inordinate sexual indulgence. The

last is certainly the most common cause of this disease; hence *les femmes publiques* are more afflicted with it than any other class of females. In them it is sometimes difficult to distinguish it from blennorrhœa. My observations, indeed, incline me to think leucorrhœa, gonorrhœa, and blennorrhœa are but different names for the same disease. Certain I am that the one disease will produce the other, as, in my own practice, I have known leucorrhœa, in the wife, to produce blennorrhœa, in the husband. The same observation has been made by other practitioners, a recollection of which may enable you, gentlemen, in the course of your professional duties, to put an end to conjugal suspicions and bickerings, and to secure for yourselves *the blessing that is promised to the peace-maker*.

Dr. John Mason Good thinks that none but novices find any difficulty in distinguishing "the discharge of fluor albus from that of blennorrhœa." With due deference to the respectable source, from which this opinion emanates, I am persuaded, from my own observations, that the discharge from the vulva, in the two diseases, is precisely alike, in colour and consistence.

He contends, moreover, that "there is a local irritation from the first," in blennorrhœa, and that this visitation extends to the meatus urinarius, which produces distressing pain in making water; "symptoms," says he, "which are not found in leucorrhœa." I appeal to my professional brethren whether the converse of this is not true. Do we not find "local irritation from the first, in many cases of leucorrhœa, and occasionally the most intense *ardor urinæ*?" This, I know, is in accordance with the observations of Professor Jackson, whose extensive practice has afforded him many opportunities of trying his diagnostic powers in these two diseases.

"Local irritation from the first," great heat in the vaginal canal, ardor urinæ, and copious leucorrhœal discharge have repeatedly followed the introduction of a pessary.

Again, it is a well established fact that the first conjugal embrace is sometimes followed, not only by great leucorrhœal discharge, but all the symptoms of the most virulent blennorrhœa.

If then it be true that the one disease in woman will produce the other disease, through sexual intercourse, in man; if the general symptoms of the two diseases be the same; if the discharge in colour and consistence be precisely alike, and if, as is certainly true, the same remedial agents are equally successful in the treatment of the two diseases, must we not be brought to the conclusion, nolens volens, that the two diseases are identical? But the objector will urge, perhaps, that blennorrhœa is the result of criminal intercourse, while leucorrhœa brings with it no reproach. This is a gratuitous assumption that has no foundation in truth, and the peace of society requires, at the hand of our profession, that it be for ever set aside. If the innocent wife, afflicted with an acrimonious vaginal catarrh, shall, through a lawful indulgence, communicate to her husband a virulent gonorrhœa, and she, in conse-



quence, be suspected of criminality, does not the fault lie at the door of our profession? Why has not this point long ere now been settled, and the truth proclaimed, that the innocent might have been vindicated? In addition to what has been mentioned, with regard to the character of the discharge and other symptoms, it may be proper to state that occasionally the flow is tinged with blood, is of a sanious or ichorous character, and very fœtid. Under such circumstances, the attending physician should insist upon making a per vaginam examination, when he will be likely to discover that the disease is aggravated by a tumour, or a polypus, or a prolapsed state of the womb, or some foul or cancerous ulcer about the os or cervix uteri, or a forgotten and delapidated "old cork pessary."

#### TREATMENT OF LEUCORRHOEA.

In the treatment of this disease, we should carefully observe the general symptoms, examine the causes, and investigate the condition of the organs which are the seat of the malady; recollecting that the same remedies that will reduce the irritation, and consequent increased secretion, of any other mucous membrane, will be equally successful in the treatment of leucorrhœa.

In a slight and recent attack, rest, cold ablutions, low diet, and a mild aperient will, in a few days, effect a cure. But if the disease be of an acute and aggravated character, and the patient's pulse and strength would justify it, the treatment should be commenced by copious blood-letting. If, on the contrary, general blood-letting would not be justifiable, cupping the sacrum, or leaching the vulva, or groins, or perineum, will be likely to produce the happiest results. Purgings, low diet, and a recumbent position are valuable remedies.

Frequent cold ablutions in the bidet, injections, per vaginam, of cold flax-seed tea, or of mucilage of slippery elm, or of pith of sassafras, or the cold douche of Professor Jackson, are excellent adjuvants. Sponging externally with castile soap and warm water, twice a day, is necessary to cleanliness.

As soon as the irritated surfaces are relieved of the inflammatory action, the treatment should be gradually changed. The diet should now be more nutritious, the patient should be allowed to take gentle exercise, and injections of an astringent character should now be thrown into the vagina. A solution of the acetate or sulphate of zinc, about a grain to the ounce, or of sulphate of copper or of alum; or infusions of the vegetable astringents, such as black oak or white oak bark, green tea, galls, rhatany, &c. These injections should all be used very weak at first, and their strength afterwards gradually increased.

As internal remedies, emetics have been strongly recommended by some authors, as revulsives. In my hands they have not been successful. The tincture of cantharides is a popular remedy in the treatment of leucorrhœa, for the introduction of which we are indebted to Dr. John Robertson of Edinburgh, who communicated to the public,

in 1806, his experience, in a "Practical Treatise on the powers of Cantharides when used internally."

Professor Dewees, adopting Dr. Robertson's views, introduced the remedy into the practice of Philadelphia. "I direct," says he, "thirty drops of the tincture of cantharides every morning, noon, and evening, in a little sweetened water; increasing the dose, every third day, five drops, until strangury is produced, unless the disease is arrested, which is not unfrequently the case before this symptom appears." After the strangury comes on, the tincture is laid aside, the patient directed to go to bed, to drink flax-seed tea, and to take laudanum by the mouth, or an anodyne enema; and, as soon as the strangury subsides, if the disease is not cured, the tincture is resumed, and thus the patient is directed to go on from strangury to strangury, until a radical cure is accomplished.

This remedy was very successful in the hands of Drs. Dewees, Mackintosh, and others; but, according to my experience, it is a very uncertain and unsafe medicine; and it seems to me contrary to sound pathological principles to administer so powerful a stimulant to cure an extensive secretion, which is dependent upon sub-acute inflammation, or a chronic irritation of a mucous surface. Dr. Dewees says, too, that "five grains of alum and ten of nitre, given three times a day, have proved very successful after other remedies had failed."

The balsam copaiba is a favourite remedy with some practitioners, in the treatment of the chronic form of this disease, and, in my opinion, it is sometimes eminently useful. It is so nauseous a medicine, that we have hitherto found great difficulty in administering it in any of the ordinary menstrua: but this is now, in some measure, obviated, as it comes in divided doses, each of which is enveloped in a capsule that is tasteless: one of which may be administered every three hours. I have administered it, too, in the form of pill, combined with cubebs, which assists its remedial powers.

An infusion of the buchu, which consists of an ounce of the leaves to a pint of boiling water, has been administered in practice with the best results. The dose is a wine glass full three times a day.

From experience, too, I can recommend, with some confidence, a mixture consisting of one grain of iodine, two grains of hydriodate of potassa, and an ounce of cinnamon water. The dose is twenty drops, three times a day, which should gradually be increased. An occasional opiate, or an anodyne enema, may be administered to allay irritation and procure sleep.

The chalybeates and the cold bath are useful in cases of great constitutional debility. Bathing in the surf of the sea, too, is very salutary in its influence upon such cases.

The *uva ursi*, in substance, or in infusion, is well adapted to some cases. It is a favourite remedy with the English practitioners.

The profession is, perhaps, more empirical in



the treatment of this disease, than in that of any other. Some of our practitioners try one *specific* after another, until they exhaust the whole catalogue, without the slightest advantage, and then abandon the case as incurable.

When called to a chronic case of leucorrhœa, before commencing the treatment, the physician should carefully inquire into the cause, or causes, which induced this disease, in the first place, or which at the time kept it up, and remove them as far as practicable.

If the disease be kept up by the prostitution of the patient's person, it is in vain to attempt to cure it, unless she will consent to change her avocation—unless she will abandon the haunts of vice, and walk in the paths of virtue. If she refuse, all that can be done is, to recommend her to observe cleanliness, and to resort frequently to cold ablutions, cold injections, and the cold douche.

If a prolapsus of the uterus be the cause, the displaced organ should be restored and supported, not by a pessary, which will aggravate the disease, but by the utero-abdominal supporter.

If derangement of the menstrual function be the cause, a cure must be expected only by the establishment or restoration of the catamenia. If from a first sexual embrace, examine the vaginal canal, and if it be found contracted, as will be likely to be the case, proceed at once to the dilation of the organ by bougies, obliging her to live *absque marito*, until the treatment has the desired effect.

If from pregnancy, a radical cure must not be attempted. Cold ablutions, in the bidet, may be frequently applied with advantage, and sometimes the cold douche; but as the cause cannot be removed until the full period arrives, the patient must expect that the disease will, in some measure, continue.

If from ascarides in the rectum, half an ounce of spirits of turpentine, mixed with four ounces of warm water, and thrown up the rectum, will promptly remove them.

If from foul and corroding ulcers, or tumours, or polypi, the treatment must be directed towards these affections.

After removing the aggravating causes of the disease, the remedies above recommended may be administered, according to the state of the case, with great advantage. But to attempt to remove the irritation without removing the cause of it, would be as absurd as to attempt to heal an issue, of long standing, without first removing the pea that kept it open.

## FOREIGN SUMMARY.

*Clinical Lecture on Hepatitis.* By ROBERT CARSWELL, M. D.—Gentlemen: I have selected for the chief subject of lecture to-day three cases of hepatitis, which have been under treatment for a considerable time. This disease presents itself to our consideration in several important points of view. Although of less frequent occurrence than inflammation of some other parenchy-

matous organs, and, in this climate, comparatively seldom proceeding to the same extent as the latter, still it is a disease which the physician is frequently called upon to treat under circumstances of considerable difficulty, both as regards the obstinacy of the disease itself, as well as its sometimes complicated character, the effects to which it gives rise, and the manner in which it terminates.

With regard to the comparative frequency of inflammation of the liver, I may observe that it most certainly occurs much less frequently than inflammation of some other parenchymatous organs, as the lungs, for example; and this statement would be corroborated by the numerical appreciation of any given number of cases of hepatitis and pneumonia, occurring in a given time, or in a given number of patients; and, whatever the comparative result might be, still there would be an additional number in frequency above the numerical quantity in favour of the frequency of pneumonia over that of hepatitis. I mean to say that the numerical method, even, would not altogether enable us to determine the comparative frequency of the two diseases, because the means which we possess of establishing our diagnosis of the presence of inflammation in the liver and lungs respectively, are not equally certain in both. The physical signs of pneumonia, whether the disease exists alone, or is combined with bronchitis or pleuritis, are, in general, so positive, that we can seldom fail in detecting its existence. But the physical and physiological signs of hepatitis are not only few in number, but mostly of a negative kind, inasmuch as they may accompany not only other morbid conditions of the liver, but also have their source in neighbouring organs or tissues. Hence, as I have said, the probability of reckoning among cases of hepatitis diseases of a different nature. Of these diseases the most frequent are duodenitis, gastro-duodenitis, colonitis, and peritonitis, occupying chiefly the region of the liver. In fact, hepatitis is, as I have already said, frequently complicated with these diseases, and must partake of the symptoms which belong to them.

However, as illustrative of the cases which I have to bring under your notice, I may state here the symptoms which are generally considered as indicating the existence of acute hepatitis, and which are divided into two groups, viz., those of a *general* and those of a *local* character. The *general* symptoms are those of fever, either of an inflammatory character, at the commencement and during the progress of the disease, or they may, at an early period, or towards the termination of the disease, present the adynamic or typhoid character. But this latter form of fever is, I believe, rarely, if ever, observed in this country, unless when the hepatic disease is complicated with gastritis or gastro-enteritis, and is certainly the worst form of complication which the disease can assume. The fever is accompanied by a rather strong and full pulse; thirst; generally a yellow-furred tongue; sickness, or vomiting of a bilious fluid, of a yellowish or



greenish colour; or it may be of a *brownish* colour; and this latter appearance is, perhaps, always indicative of inflammatory congestion of, and hæmorrhage from, the gastro, or gastro-intestinal mucous membrane.

And here I must digress, for a moment, from the point immediately before us, to remark, that the vomiting of this brown fluid matter (which consists of blood that has been effused, and deprived of its red colour by the chemical action of the gastric juice,) may not always depend on *inflammatory* congestion of the mucous membrane of the stomach, or duodenum. It may be the result of *mechanical* congestion of this membrane, in consequence of obstructed circulation in the liver, whereby the return of the blood through the vena porta is more or less impeded; and, indeed, I have seen this congested state of the liver acting mechanically, and so obstructing the portal circulation as to give rise to severe and extensive hæmorrhage from the stomach and intestines. When, therefore, the brown or black vomiting accompanies hepatitis, we may regard either as a sign of inordinate inflammatory congestion of the liver, or of the gastro-intestinal mucous membrane, followed by hæmorrhage.

To the other general symptoms which I have mentioned may be added a hot and dry skin; scanty and high-coloured urine; generally a sallow complexion. Jaundice is not necessarily an attendant on hepatitis; nor do I believe that our researches yet enable us to explain why it is present in some cases and absent in others. And the same remark applies to the biliary secretion, which, in acute hepatitis, is sometimes deficient or suppressed, at others apparently little modified in quantity or quality; and hence the frequently unsatisfactory curative indications derivable from the state of the alvine evacuations in this disease; or which may be stated thus:—the *absence* of bile in the evacuations is merely a sign of its defective secretion, but not of the pathological change on which it depends; and, on the other hand, the *presence* of bile in the evacuations is not a certain sign that extensive disease may not exist in the organ by which it is secreted.

Such are the general symptoms most commonly observed at the commencement of an attack of acute hepatitis, and when not complicated with a similar affection of the stomach and intestines, or respiratory organs. With regard to the local symptoms of the disease, the most important of them are pain, tenderness on pressure, and swelling in the region of the liver.

Of these symptoms pain is by far the most important, whether the sensation be felt by the patient, independently of any external cause, or be occasioned by pressure, position, or otherwise. Whatever may be the degree of the pain felt by the patient, it is always aggravated by pressure, a circumstance which serves to distinguish it from hepatalgia, which, if not relieved, is not increased by this means. It is, also, generally increased by the respiratory movements, by the erect position, and by decubitus on the left side. It may be confined to the anterior, lateral, or pos-

terior portions of the right hypochondrium; to the right or left lobe, or both. In some cases it is entirely confined to the region of the liver; in others it radiates through the back, and more frequently upwards, to the right and left shoulders.

Some physicians attach great importance to this seat of the pain, and consider it as even pathognomonic of hepatitis; whilst others regard it as not only of little importance when present, but instance numerous cases in which it has not occurred at all. In this latter statement I fully concur, as I have seen undoubted cases of hepatitis in which the pain in the right shoulder was absent. Why there should exist this diversity in regard to this symptom has not been satisfactorily ascertained; but it is more than probable that it arises in a difference in the seat of the inflammation. This circumstance certainly influences materially the *degree* of the pain felt in hepatitis; for in this disease, as in inflammation of all parenchymatous organs, pain may be entirely absent if the inflammation is slight or comparatively trifling, although the inflammation may be severe, if confined to the central portion of the organ; and, on the contrary, whatever may be the degree of the inflammation, if seated *superficially*, it is always accompanied by some degree of pain, felt or excited, and is always of the acutest kind in this situation.

And it appears to be equally certain that the increase of pain, in certain positions of the body, as when the patient lies on the left side, is owing to the same circumstance, and especially when the peritoneal surface of the liver is implicated in the disease.

The next local symptom of hepatitis, and which, when taken in conjunction with pain, is of importance, is enlargement or tumefaction of the liver. This alteration sometimes occurs to a considerable extent, so as to be easily recognised by the touch or percussion. It is, of course, most readily perceived when it affects the anterior portion of either lobe, when it protrudes beneath the false ribs, or into the epigastrium. These regions of the body then appear fuller, communicate the dull sound of the liver on percussion; and, when the right lobe is much enlarged, the false ribs are carried forwards, or even tilted upwards. There do occur, however, cases of hepatitis in which this enlargement of the right lobe is not so easily detected, or cannot easily be distinguished from pneumonia of the inferior lobe of the right lung, or a pleuritic effusion of the same side, but as neither of our patients presented this complication, I shall not discuss this part of the subject.

Before proceeding to the description of the cases which I have to bring before you, I may briefly allude to the terminations of acute hepatitis. The most frequent of the terminations of acute hepatitis is into that of the chronic form of the disease, and which is much more frequently met with than the former, although I may observe that there are few diseases of the liver which have not been included under the denomination of chronic hepatitis, and few cases of the disease



of long standing which are not complicated with chronic gastro-duodenitis.

The most favourable mode of termination, however, is that of *resolution*, as it is called, and is indicated by the diminution and the gradual disappearance of the general and local symptoms which I have enumerated, viz., of the fever and gastric symptoms, the pain and tenderness, and tumefaction of the liver. Much importance has, indeed, and justly, been attached to the disappearance of these local symptoms, as indicating the progress of the disease towards a favourable termination. However, in chronic forms of the disease, the tumefaction and tension which accompanied the acute stage may have subsided or entirely disappeared, while some degree of pain may still remain, excited either by pressure or in particular positions of the body, as is exemplified by the case of one of our patients.

By far the least frequent mode in which acute hepatitis terminates, is in that of suppuration or abscess; and, in the great majority of cases, the occurrence of this event is announced most frequently, and first of all, by *hectic fever*; that is, by periodical rigors of greater or less severity, followed by febrile excitement, a rapid and weak pulse, frequent, and sometimes profuse perspirations, general pallor, anorexia, and prostration. Besides these general symptoms, as indicating the occurrence of suppuration, and the most important of which are the rigors and hectic fever, are observed certain states of the local symptoms. The tumefaction of the liver does not subside in proportion as the pain diminishes; or, the pain remaining severe, or even increasing, is accompanied by an increase of the tumefaction, by the formation of a circumscribed swelling, in which fluctuation is detected by percussion. The formation of abscess may, however, occur without our having any sign of its existence, as when it is deep-seated, or occupies the inferior or superior surface of the liver; or it may be situated in the anterior parietes of the organ without pointing forwards, rendering it difficult or impossible to detect it by the presence of fluctuation. In such cases, however, it may sometimes be detected by the presence of a doughy or boggy sensation, as it is called, communicated to the touch,—a sensation which acquires great diagnostic value by the existence of rigors and hectic fever at the same time.

I shall not occupy your time by any farther general observations on this last stage of the disease, nor on the various modes employed by nature and art to afford a salutary exit to the contents of the hepatic abscess. In one only of our patients are there grounds for believing that the inflammation has terminated in the formation of abscess. The subject of this case is Ellen Cox, ætat. 37, admitted 7th November, and has, consequently, been more than three months under treatment in the hospital. This patient is described as being of a sanguineous temperament, with a sallow complexion; unmarried; subject to very hard work, and exposed to cold and wet, the injurious effects of which were increased by

the kitchen in which she worked being cold, and having a stone floor. Under the influence of these exciting causes she had, at the age of 23, an attack of rheumatism, which lasted for a period of six or seven months, and since then has been subject, during the winter, to pain in the right side, accompanied by dry cough. A year and a half ago she had jaundice, with the usual symptoms of hepatitis, for which she was treated antiphlogistically. She has since, occasionally, had pain in the right side; and a fortnight before her admission, having taken cold, from her feet having been wet, the pain in the side was much aggravated, the cough and difficulty of breathing also much increased. On examination she presented the following symptoms:—Pain in the right hypochondrium, increased by pressure, and extending to the shoulders; cannot lie on left side; sickness; pain in the epigastrium; bowels relaxed, and motions pale coloured; tongue red, and furred at the back; respiration hurried and difficult, with sonorous rale over *left* side; viscid, mucous expectoration; pulse 95; skin hot, dry, and harsh, with a slight tinge of yellow; no yellowness of conjunctiva; headach; sleeps badly; catamenia very irregular, sometimes not appearing for twelve months.

From these symptoms you will readily perceive that this is a well-marked case of acute hepatitis, and, what adds considerably to its gravity, is its occurrence after a previous attack, from which the patient had not completely recovered. You will also readily perceive that it is a case of hepatitis complicated with some degree of gastro-enteritis, the presence of which was marked by the red and furred tongue, pain at the epigastrium, and sickness, and the relaxed state of the bowels, and that notwithstanding the deficient state of the biliary secretion. But, besides this gastric complication, there was also another, which increased still more the gravity of the principal affections, viz., bronchitis; and this you will observe, was on the left side of the chest, and which renders it more than probable that it was a concurrent affection, produced by the same exciting cause which gave rise to the hepatitis, rather than a complication of this disease from transmission of the inflammation by contiguity or otherwise, as frequently happens when bronchitis, or, it may be, pneumonia or pleurisy, occurs on the right side of the chest, a larger extent of which is contiguous to the inflamed liver. With this concurrent affection and the gastro-enteric complication, together with the previous bad state of health of the patient, and, above all, the already diseased condition of the liver, we can feel but little surprise that this case has proved so intractable under the most active means of treatment. On the day of her admission she was bled to twelve ounces; the following day to the same amount; two days after to twelve ounces more; once again to the same amount, after the same interval of time; and on the succeeding day she was ordered to be bled *ad deliquium*, when the loss of eighteen ounces was followed by fainting. By means of this active antiphlo-



gistic treatment, together with the administration of five grains of blue pill, from three to four times a day, both the general and local symptoms were relieved. The condition of the liver, however, and more especially the pain felt in the region of this organ, rendered it necessary to have recourse to the local detraction of blood; fifteen leeches were therefore applied; and four days after were repeated, to the number of twelve. Notwithstanding these means, and although the mouth had for some time been affected by mercury, she complained of darting pain in the region of the liver. She was again bled, but only six ounces, the pulse being 84, but weak; and on the following day was bled to the same amount, with some relief.

From this time up to the 18th of December, nearly three weeks, the pain varied considerably in degree, as well as the other symptoms; the pulse then rose to 100, when blood was again taken from the arm, to the amount of six ounces, and was repeated two days afterwards; and again, for the last time, on the 1st of January. The mercury was laid aside after the gums became affected, and was afterwards resumed and carried to the same extent, but was ultimately omitted, not only in consequence of the disease making no progress towards a cure, but from the supervention of symptoms indicating the commencement of suppuration. This occurred on the 31st of December, more than two months after the commencement of the acute symptoms of hepatitis. The patient then complained of rigors, and a throbbing pain in the right side; the rigors have since occurred daily, with considerable perspiration; and the character, as well as the degree of the pain, has varied much, having been partially relieved by poulticing, warm fomentations, opiate liniments, and, on two or three occasions, by leeching.

Although we have repeatedly examined the region of the liver, and, in particular, that part of it to which the pain is chiefly referred, we cannot discover the sensation of fluctuation; but there is distinctly felt a puffiness, or doughyness, of a rather circumscribed extent of the anterior surface of the right lobe, and below the margin of the false ribs. It is in this situation that the pain is still complained of, and is much increased even by slight pressure. Under these circumstances, and the continuance of the rigors and hectic, there can hardly be a doubt of the existence of an abscess; but I do not think that it would be advisable to have recourse to surgical means either to obtain relief to the patient, or increase her chance of recovery, until more positive evidence is obtained as to the existence and situation of the abscess. The treatment of the case is altogether palliative; the strength of the patient is supported, as it has been all along, by such food as the stomach will retain or digest, chiefly beef-tea, milk, and eggs, for the gastric complication has rendered any other means inadmissible. Sickness and vomiting have frequently occurred during the course of the treatment, and which have been relieved or arrested by the use

sometimes of creosote, at others by the hydrocyanic acid. The bronchial affection, too, although it has yielded to the general antiphlogistic treatment, still exists, but on what condition of the lungs it depends, I am unable to say, as I have avoided examining the chest, in consequence of the fatigue and suffering it would occasion the patient. I need hardly observe that opiates have been employed during the course of the disease to procure some relief from suffering, and repose.

I ought to have stated that blisters have been applied to the region of the liver; on one occasion to the chest, for the relief of the bronchial affection; and also to the abdomen, owing to the occurrence of acute pain in that region.

I have dwelt the more on this case because it is a good example of acute hepatitis, occurring under the influence of the ordinary exciting causes; because it presents, in succession, the more usual symptoms of the disease, and one, at least, of the most common of its complications; because of its probable termination in suppuration; and, lastly, because of its exemplifying, in a striking manner, the difficulty of speedily and effectually curing this disease, especially in persons who have already been affected with it.

The second case is one of a much less complicated character, but has not on that account yielded readily to the active measures which have been employed. The attack was the *fourth* from which the patient, a female, 26 years of age, named Sarah Monk, had suffered within a period of six years. The first attack lasted two months; she had then been treated with mercury. It is not stated whether, in the two subsequent attacks, she employed any treatment. The last attack occurred at Christmas last, and had not left her since free from pain.

On the admission of the patient, the 2d of November, she complained of a sharp, shooting pain in the right hypochondrium, increased by pressure, deep inspiration, and cough, extending to the back and right shoulder; she can lie on the right side only; skin hot and dry, of a yellowish tinge; respiration natural; tongue clean and moist; pulse full and firm; a preternatural sound accompanies the contraction of the ventricles.

In this case the principal symptoms of acute hepatitis are present and well marked, although not of great severity; and it may be said to be free, or nearly free, from all complication. Considered in this point of view only, a comparatively speedy and favourable result might have been anticipated. Such, however, has not been the case, for the patient has been more than three months under treatment, and is not altogether free from pain in the region of the liver.

From the patient's own statement, she recovered from her first attack at the end of two months, under the use of mercury, and apparently without the aid of antiphlogistic means. The subsequent attack was of longer duration; and the obstinacy of the present one is, in all probability, to be attributed, in some degree at least, to the previously diseased condition of the liver,



as in the preceding case. In this respect, therefore, this case resembles the previous one, in which the patient had suffered several attacks before that for which she was admitted into the hospital; and hence the prognosis was equally unfavourable in both, being, however, greatly aggravated in the former, in consequence of its most important complications, viz. the gastro-enteritis and bronchitis.

I have said that the present case might be regarded as being without any marked complication. The preternatural sound heard in the region of the heart could not be looked upon in this light. This sound persists, little, if at all, modified by the treatment which has been employed for the hepatic disease; and from the circumstance of its long continuance, in the absence of any obvious cause, is, in all probability, owing to disease of the valves, and, from the situation in which the sound is heard, the aortic valves.

The treatment employed in this case was actively antiphlogistic. General bloodletting, however, was exclusively employed; that is, without local bleeding by leeches or cupping. During the first fortnight forty-seven ounces of blood were taken at five different bleedings, the last bleeding having produced fainting. Considerable benefit followed this treatment, with which was combined the internal administration of mercury, but which, it may be observed, neither up to a late period, nor subsequently, could be made to affect the mouth, except in the slightest possible degree.

After the amelioration to which I have alluded there was a relapse, indicated by an accelerated pulse, and increase of tenderness in the hypochondrium, which was combated by a small general bleeding and the application of a blister to the region of the liver, which, after having been repeated several times, was followed by considerable relief from the local pain.

Since this period, the commencement of January, recovery has gone on progressively but slowly. She now complains of no pain when in bed, very little while up, but it is still produced by pressure. As the disease has for some time consisted of little more than a certain degree of pain, without any perceptible enlargement of the liver, and as the secretion of bile is still very scanty, this patient is taking slight alterative doses of the blue pill, in combination with Dover's powder and henbane, at night, and the extract of taraxacum, with the tinctura humuli and the spiritus ætheris nitrosi, during the day; together with the occasional use of blisters over the situation of the liver in which the pain is produced by pressure.

The third and last case which I have to bring under your notice is that of Sarah Pipe, ætat. thirty-five, who was under treatment for a period of six weeks, and who left the hospital a few days ago convalescent.

The following were the symptoms presented by this patient on her admission:—Great pain in the epigastrium and upper part of the umbilical region, increased by the slightest pressure; nau-

sea, and frequent vomiting; colicky pains, and great constipation: great thirst; tongue brown and red at the point; severe headach; skin dry and hot, of a slightly yellow tinge; pulse 108, and hard; urine small in quantity and high-coloured.

From these symptoms you will not, certainly, recognise the presence of hepatitis. They are, on the contrary, the symptoms of gastro and entero-peritonitis, the gastro-peritonitis being the more marked of the two complications. Besides these symptoms, however, there was also felt by the patient, at her admission, and when she lay on her left side, a *dragging* pain in the right hypochondrium. It was, in fact, chiefly from the presence of this symptom that the existence of hepatitis could at all be admitted. Indeed, I bring forward this case with the view that you may contrast it with the two former cases, in which the hepatic disease predominated. In the present case the affection of the liver, which must have been slight, appeared to be secondary to, or a complication of, the gastro-peritonitic disease.

The pain in the epigastric and umbilical regions, increased by the slightest pressure, indicate already the peritonitic character of the inflammation; and the obstinate constipation which existed, not only at the commencement of the attack, but for a considerable time afterwards, and in spite of the most active purgatives, is an equally marked character of peritoneal inflammation. For constipation, of an obstinate kind, is by no means a symptom of *enteric* inflammation: I mean of inflammation of the mucous membrane of the intestines. When this symptom is present in enteritis, it is ordinarily at the commencement, and soon terminates in an opposite state, viz., diarrhœa, which did not occur in this case.

The brown tongue, red at the point, and the great thirst, were the chief symptoms referrible to gastritis, or gastro-enteritis. It must, however, be remembered that they are by no means pathognomonic symptoms in these affections of the digestive mucous membrane, and may accompany peritonitis alone. The state of the pulse did not afford us any assistance in establishing our diagnosis in this case.

The treatment consisted, at first, in the use of terebinthinate enemata, and full doses of castor oil, which operated but sparingly, and which increased the sickness and vomiting. These symptoms recurred for several days, and were either mitigated or subdued by the use of creosote. The constipation was only overcome by large doses of croton oil, as much as eight minims having, at one time, been required to move the bowels; and this is the more remarkable that blood-letting was employed at the same time, and to the extent of producing fainting on two or three occasions. Mercury was also employed with the view of affecting the mouth; and blisters were applied twice to the abdomen. It was not until the mouth became sore, about ten or twelve days after her admission, that decided and permanent relief from pain was obtained, and that



the bowels acted by means of mild cathartics. The pain afterwards complained of was chiefly, if not exclusively, confined to the epigastric region, diminished gradually but slowly, by the application of leeches and blisters; and the strength and appetite of the patient began to return, at first under the use of the nitric acid, and afterwards of the sulphate of cinchonine.

I shall terminate this case by remarking that the gastric affection, which, at the commencement, was in some degree obscured by the peritonitic, became more marked, and, as it were, isolated, after the subsidence of the latter. The persistence of the pain in the epigastric region only when pressure was applied to the part, or occurring after taking food, with defective appetite, were the chief, if not the only symptoms which the patient presented during the last four weeks she remained in the hospital; and in proportion as the disease assumed the chronic form, the patient was benefitted by the tonic treatment which was ultimately adopted.—*Lancet*.

*Three Cases of Abortion, with Symptoms of Poisoning, produced by the use of Rue.* By H. TH. HÉLIE.—CASE I. A young girl of very short stature, but of robust constitution, who had had a very difficult labour at the age of sixteen, brought on a miscarriage in the third or fourth month of pregnancy, in the following manner, as she confessed:—She sliced three fresh roots of rue, as big as her finger, and, boiled them in a pound and a half of water down to three cupfuls, which she took in the evening at a draught. She was immediately seized with a dreadful pain in her stomach, which was soon followed by so great and general a disorder that she thought she was going to die; she saw every thing through a cloud, tottered, and felt giddy, and, as it were, intoxicated. Soon afterwards there were violent and continual efforts to vomit, but she only brought up a little blood. This state lasted the whole night. On the following day the symptoms diminished, and at the same time she began to experience colic, which was slight at first and more severe afterwards, the fits being separated by long intervals. Towards the evening of the second day they became violent, and followed one another in quick succession. There was now a small discharge of blood, then large clots were thrown off, and abortion took place with ease in a few minutes, forty-eight hours after the decoction of rue had been swallowed, the girl not having been confined to her bed. The symptoms caused by the rue went off in a few days.

CASE II. Maria —, aged 25, a servant in town, had been in the country with a farmer for five days, to get well of an indisposition with which, she said, she had been recently attacked. During the first two days she went out, and had a good appetite. On the third day she was suddenly seized with continual vomiting, which was difficult and painful. There was considerable fever and thirst, and she drank a large quan-

tity of service cider\* and wine-and-water, which she immediately vomited up. The vomiting had now lasted two days, accompanied by great weakness, twisting movements of the limbs and trunk, rotatory movements of the head, and delirium, or rather reverie, when M. Hélie saw the patient, on the 5th Dec. 1835. She was then in a sleepy state, from which she was easily roused; she answered questions well, but with slowness and some difficulty; the eyes were injected, the face somewhat coloured, and without expression: one might have said that she was drunk. Her sight was dim, the pupil contracted, some fever, with a large and soft pulse, and but little heat of skin. The urine had been suppressed since the vomiting had begun, and there were no alvine evacuations. The tongue was somewhat red just at the edges; the epigastrium was slightly painful. On feeling the abdomen, Dr. Hélie perceived that the patient was about seven months pregnant. The pertinacity of the girl in denying her pregnancy, and this sudden attack of vomiting, accompanied by unusual symptoms, led Dr. Hélie to suspect the employment of some drug to procure abortion; but his inquiries were for the time fruitless. There was nothing to announce the beginning of labour; the abdomen was quite yielding, and there was no discharge. On the other hand, her general plumpness and good complexion forbade the supposition that there was some recent disease. He therefore confined himself to prohibiting the hurtful drinks which the patient had been using for the last two days, and to prescribing a decoction of barley, with low diet, &c.

The vomiting was soon allayed, but all the other symptoms continued. On the morning of the 6th she seemed to suffer still more. At eleven o'clock, her face, her general state, and all the symptoms, were the same as on the previous day, but of diminished intensity. On raising the bed clothes, M. Hélie was struck with the characteristic odour of parturition; and between her thighs there were two children, still attached to the placenta, which had also been thrown off. They seemed to have reached six and a half or seven months of foetal existence, but one was much larger than the other. They were both dead, but there was nothing to show that they had lived after their birth, nor was there any trace of external violence. There was a considerable quantity of blood and water in the bed; the uterus was well contracted. The pains, according to the girl's account, had begun the day before, and delivery had taken place an hour preceding this visit; and though it had been very painful at the moment, several persons present in the room had not the least suspicion of it. This day and the next produced but little change in the symptoms. There was still a state of somnolence and stupor, reverie, movements and twisting of the limbs, and frequent moans; stools and urine were passed, and the lochia flowed.

\* A drink is made in some parts of France from the fruit of the service-tree.—*Translator's Note*.



She took roast meat in wine, according to country usage.

On the evening of the 8th there was swelling of the breasts, with fever, delirium, and convulsive movements of the limbs, which were both violent and continual: until this period Maria had not been very ill. In consequence of this exacerbation she fell into a state of extreme debility; the vomiting returned, the matter brought up consisting of green bile, and of food and drink, which were thrown up as soon as swallowed.

On the 9th, the symptoms increased, and there was distension of the abdomen. On the morning of the 10th, there was extreme weakness, prostration, somnolence, stupor, an intoxicated expression of countenance, and frequent moaning, with the articulation of a few monosyllables; there was also reverie, with subdelirium, and there had been for the last two days enormous swelling of the tongue, which was red, but covered with a thick whitish coat. The pupil was constantly contracted, the eyes dull, the vision confused, the pulse feeble, soft, very small, and beating only thirty times in the minute, but regular; the temperature of the skin was below the healthy standard. The arms were affected with a twisting motion, and the head rolled to the right and left. The epigastrium was tender on pressure, but the rest of the abdomen was supple and not painful. The uterus had returned to its natural situation. There were continual bilious vomitings; the patient refused to eat or drink, and had grown sensibly thinner; the lochia were suppressed. These symptoms, unaccompanied by peritonitis, strengthened Dr. Hélié's belief that abortion had been excited by some narcotico-acrid substance. In fact, he learned that Maria had taken a decoction of rue leaves, without being able to ascertain in what dose or how many days she had employed it.

On the two following days, the 11th and 12th, the state of the patient was nearly the same. Two large blisters had been applied to the thighs, and cataplasms to the epigastrium; barley-water had been prescribed for drink; and, on account of her extreme weakness, a few spoonfuls of light broth, which was at first vomited, but afterwards retained; two blisters were then applied to the legs, and cold sugar and water was given for drink.

There was afterwards some mitigation of the symptoms.

On the 13th there was a remarkable change: the symptoms of poisoning gradually went off, and were changed into those of typhus fever, the disease not becoming less serious.

On the following days, a considerable improvement took place; the tongue returned to its natural state; the salivation stopped; the convulsion of the limbs ceased; the understanding seemed less obtuse; the pulse remained equally weak and slow, but the skin was no longer cold. There was an attack of fever every evening, and vomiting when the paroxysm came on, but at no other time. The urine continued to pass involuntarily, but no longer accumulated in the bladder. The

lochia had returned. She was ordered to take milk as her sole aliment, and gum-water with milk. The improvement continued; the typhoid state went off in a few days; and the evening febrile attacks did not return. The abdomen yielded to pressure, and was not tender; but there was obstinate constipation for some days which was overcome by two ounces of manna. The urine now ceased to flow involuntarily; the face regained its natural expression, and the understanding its powers. The slowness of the pulse was one of the symptoms which lasted the longest.

On the 30th of December, Maria returned to service, and some days afterwards was able to work again.

CASE III.—A young girl, being four or five months pregnant, and wishing to induce abortion, took for several days a large dose of the expressed juice of fresh rue leaves. She experienced symptoms quite resembling those of the preceding case, and was in great danger. When she was at the worst, among other symptoms were observed prostration, somnolence, excessive general debility, frequent fainting, extreme smallness, weakness, and slowness of the pulse, extraordinary coldness of the skin, and continual non-convulsive movements of the limbs, particularly the arms. As in the preceding case, there came on active inflammation, and considerable swelling of the tongue, with copious salivation. For several days abortion was seen to be coming on, but the foetus was not expelled till towards the sixth day, dating from the beginning of the symptoms of poisoning. When abortion had taken place, all the symptoms grew milder, and no inflammation of the uterus followed. The symptoms of poisoning, however, lasted at least twelve days, and went off gradually. The girl recovered slowly.—*London Med. Gazette, from Annales d'Hygiène.*

*On the division of the Sterno-cleido-mastoid Muscle for the Cure of Wry-neck.* By Professor DIEFFENBACH.—The great success of the operation lately introduced by Stromeyer for the cure of club-foot, has directed the attention of the profession to the benefit arising from the use of the knife in all cases of permanent contraction of the muscles. Professor Dieffenbach gives, in the paper before us, the outline of thirty-seven cases in which he divided the sterno-cleido-mastoid muscle, in one of which only the operation was unsuccessful.

The operation is thus performed. The patient being seated on a chair, one assistant draws the head towards the healthy side, whilst another depresses the shoulder of the affected side. The contracted muscle is in this manner brought to stand further out, and is seized between the thumb and forefinger of the left hand, and drawn powerfully downwards. A strongly-curved bistoury is now introduced behind the muscle, and pushed forward till its point is felt beneath the skin on the other side of the muscle. The edge of the knife is then turned towards the muscle, and its fibres divided by withdrawing it, taking



care not to injure the integuments. When the muscle of the left side is that which is to be divided, the knife is introduced in the triangular space formed by the two portions of the muscle about two inches above their insertion, and from this point first the anterior portion, and then, if necessary, the posterior portion is divided. When the contracted muscle is that of the right side, the knife is introduced between the trachea and muscle; the anterior portion is first divided, and then, from a second puncture between the two portions of the muscle, the posterior portion is separated. In the instant of withdrawing the knife the thumb is pressed firmly upon the wound, to prevent the extravasation of blood beneath the skin, and a compress is applied, which is retained in situ by strips of adhesive plaster and a bandage. Two cloths are passed round the neck, with a view to give support to the head, which is allowed to retain its wry position, partly in order to prevent the extravasation of blood, and partly to favour the reunion of the muscle.

In general the wound heals in a few days. There is generally some swelling over the part where the muscle was divided, and fluctuation is occasionally felt, owing to the extravasation of a small quantity of blood. In such a case the compress is applied more firmly, and stimulating embrocations are had recourse to. Sometimes, though very seldom, suppuration takes place; this accident calls merely for the evacuation of the pus, and the simple treatment of the wound.

In some of his first cases, Professor Dieffenbach employed various means of extension, to bring back the head to its natural position; but he afterwards found a stiff collar of pasteboard, so constructed as, from the uneasiness it produced, to force the patient to turn the head in the contrary direction, quite sufficient to restore the natural position.

We shall give one or two of the cases, taken at random, as illustrations.

*Case 1.*—C. Meir, aged twenty-four, affected with congenital contraction of the sterno-mastoid muscle, producing strongly marked scoliosis. When thirteen years of age he began to wear a mechanical apparatus, which he continued for some years, but afterwards gave up, as the scoliosis continued to increase. Both insertions of the muscle were divided, and a compress and bandage applied as already described. Neither extravasation nor suppuration took place. The patient remained in bed ten days; gentle extension of the neck was then employed, and in three weeks the cure was complete, and the position of the head natural.

*Case 15.*—Carl Von Schuck, a very lively boy, had been treated according to the most approved system of orthopedy for a considerable time, without benefit. The muscle was divided; some days after the operation, fluctuation from extravasated blood was perceptible, but augmented pressure produced its absorption. At the end of six weeks the boy left Berlin perfectly straight.

*Case 37.*—A boy aged twelve. The right sterno-mastoid was very much contracted, and

the head in consequence approximated to the shoulder. This patient had already been operated upon according to the older method; the muscle had been laid bare and afterwards divided, but the contraction returned as soon as the wound healed. The muscle was again divided according to the same method, and although means of extension were had recourse to during the cure, the contraction again returned. According to the report of the father of the patient, this treatment occupied three months. Owing to the induration and adhesions produced by the two former operations, Professor Dieffenbach found it necessary to divide the muscle near its middle. The after-treatment was as usual; no means of extension were used, simply the pasteboard collar. No extravasation or suppuration followed; the patient was able to go out five days after the operation, and the head regained its natural position.

Of the thirty-nine cases, nine were owing to contraction of the left, and thirty to contraction of the right sterno-mastoid muscle.—*Brit. and For. Med. Rev., from Medicinische Zeitung.*

*On the temperature of the Vagina and Uterus before and during Menstruation, and of the Vagina during Pregnancy.* By J. C. G. FRICKE, Hamburg.—This paper contains an account of thirty-four experiments made on twenty-four women. The thermometer (Reaumur's) used in examining the vagina was bent at a right angle, and introduced as deep as possible into the vagina, the labia being closed on it; that for the uterus had a very fine and longish bulb, which was introduced from four lines to half an inch into the uterus. The speculum employed was previously warmed. The experiments were made between 10 and 11, A. M. The following conclusions are deducible from the whole observations:—1. That the temperature of the external air affects the axilla, but not the internal parts. 2. That the vagina is always warmer than the axilla and uterus; but that the uterus is warmer than the axilla. 3. That both menstruation and pregnancy have little or no effect on the temperature of the vagina.—*Ibid, from Zeitschrift, f. d. g. H.*

*Belladonna in Erysipelas.*—At a late meeting of the Medical Society of London, the members were occupied with a discussion on the treatment of erysipelas.

Mr. Headland made some remarks on the great variety of treatment recommended by various teachers in this disease, a fact which he thought an opprobrium to the science of medicine. He had read some cases of erysipelas in the *Lancet*, in which Mr. Liston had employed the extract of belladonna, in small doses, with great effect. He (Mr. Headland) had since tried this remedy in three cases, and the effects were most satisfactory,—more satisfactory, indeed, than those from any other remedies which he had ever employed. From the good effect of belladonna in scarlatina, as well as in the disease in question, he believed that it possessed a specific action upon the skin.—*Lancet.*